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	d	DECL	ARATION AND	POWE	R OF ATTORI	NEY USA/PCT
(a)	My residence and I verily believe I a sought on the inve and the specificati	m/we are the original antion entitled: APP/on of which:	ted below my name. My P.C	s) of the sub SOLUTIO 5 as 5/006224	ject matter that is embrands OF HIGH OSMOT (63549A).	r residence unless otherwise stated. ced by and for which a patent is IC STRENGTH
(c) (d) (e)	any amendment re I acknowledge my patentability as de information know prior application f I hereby claim for certificate listed b America listed bel	eferred to above.  duty under 37 CFR 1  fined in 37 CFR 1.56  n to me to be material  from which priority is  eign priority benefits  elow or §365(a) of an  ow, and also identify	.56 to disclose to the U.S. Pa (b). If this application is a co to patentability as defined in claimed in part (f) below, an under 35 U.S.C. § 119(a)-(d)	atent and Tra continuation-in 37 CFR 1.5 d the national or §365(b) on that designation	demark Office all inform n-part application, I ack, 16(b) that became availal d or PCT international fi of any foreign application mated at least one count cation for patent or inven-	n(s) for patent or inventor's ry other than the United States of tor's certificate or any other
	Number	PRIOR FOREIGN Country or F	• •	ear Filed	PRIORITY CLAIME	D CERTIFIED COPIES INCL.
	•	aims for benefit are a				
	I hereby Claim the tany United States a below:	penefit under 35 U.S. pplication(s), or unde	C. §119(e) of any United Stars § 365(c) of any PCT internations	tes provision	cation designating the U	elow, or under 35 U.S.C. §120 of nited States of America listed
	US or PCT Apple 60/547,500	n. Serial No.	Filing Date February, 25,2004			cation Filing Date
	Additional c	laims for benefit are a	ttached.			
		•	therewith. Address all corre			on and to transact all business in the
			e this appointment, shall also atent Cooperation Treaty.	apply to the	same extent it is applica	able under the laws of the United States of
true; an	d further that these nment, or both und	statements are made	with the knowledge that will:	ful false state	ments and the like so m	ormation and belief are believed to be ade are punishable by fine or of the application or any patent issued
	Inventor(s):					
	At: Minneapolis, this day of Signature: Mame: Residence: Country: Citizenship: P. O. Address:	William Edward M 760 Lake Susan Hi Chanhassen, Minn United States of Au United States of Au Same as Residence	lls Drive esota 55317 nerica	At: Minuthis	day of October  Llyn K  e: Allyn Ricker  17941 Kindle  Lakeville, Mi  United States  ip: United States	Court nnesota 55044 of America of America
<b>T</b>	this 3 day of Signature: Full Name: Residence: Country: Citizenship: P. O. Address:	Martin H. Peery 11151 Rohde Islan Bloomington, Minu United States of Au United States of Au Same as Residence	nesota 55438 nerica		e: Steyn D. Jon e: 6780 Boyd A Eden Prairie United States ip: United States	venue Minnesota 55343 of America of America

Docket Ref.: <u>63549A</u>

Additional names, addresses and signatures to be attached to Form No. 1000

## Entitled: DECLARATION AND POWER OF ATTORNEY

At: Rheinmuenster, 77834, Germany	At:	
this _25_ day ofSeptember, 2006_	this day of	, 20_
111/0 (1/1/		
Signature: CMCC CCCC	Signature:	
Full Name: Markus G. Busch	Full Name:	
Residence: 21, rue de la Gare	Residence:	
City, State, Zip: Drusenheim, 67410	City, State, Zip:	
Country: France	Country:	
Citizenship: Germany	Citizenship:	
P. O. Address: Same as Residence		
	P. O. Address:	
	-	
At: day of, 20	At:	
this, 20	At: day of	, 20_
Signature:	Signature:	
Full Name:	Full Name:	
Residence:	Residence:	
City, State, Zip:	City, State, Zip:	
Country:	Country:	•
Citizenship:		
P. O. Address:	Citizenship: P. O. Address:	
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At: day of, 20	At: day of	
this, 20	this day of	, 20_
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Signature:	Signature:	
Full Name:	Full Name:	
Residence:	Residence:	
City, State, Zip:	City, State, Zip:	
Country:	Country:	
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At:	At: day of	
At: day of, 20	this day of	, 20
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Signature:	Signature:	
Full Name:	Full Name:	
Residence:	Residence:	
City, State, Zip:	City, State, Zip:	
Country:	Country:	
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P. O. Address:	P. O. Address:	